



**InsureKidsNow.gov**  
Connecting Kids to Coverage

## Summary of Benefits for Florida, MEDICAID

### Children's Dental Services

#### Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			2 x year	
Fluoride treatments (including fluoride varnishes)	X			2 x year	
Sealants (list any tooth-specific limits)	X			1 x every 3 years	Permanent teeth only.
Space maintainers	X				



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### Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
<b>Dental examinations</b>						
	X					1
<b>X-Rays</b>						
Bitewing	X			2 x year		
Full Mouth	X			1 x every 3 years		
Panoramic	X			1 x every 3 years		



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### Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X					
Tooth colored composite	X					
Crowns/tooth caps						
Stainless steel crowns	X					
Metal (only) crowns						
Metal/porcelain crowns	X				Permanent posterior or anterior teeth when the tooth has been treated endodontically and cannot be adequately restored with a stainless steel crown, amalgam, or resin.	
Porcelain (only) crowns	X				Permanent anterior teeth when the tooth has been endodontically treated and cannot be adequately restored with resin restoration or resin crown.	
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X					
Root canals on permanent teeth	X					



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Gum (periodontal) therapy						
	X				Child must have pockets in excess of the 4 to 5 mm. range	
Dentures						
Partial dentures	X				Partial dentures are not covered if the child has at least 8 posterior teeth in occlusion or for single tooth replacement unless it is a missing anterior tooth.	
Complete dentures	X					
Bridges		X				
Orthodontics*						
Retainers (orthodontic)		X			Comprehensive ortho treatment includes retainers at the end of treatment. Replacement retainers limited to 2 per lifetime.	



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Braces		X				Orthodontics limited only to those circumstances where the child's condition creates a disability and is an impairment to the physical development. Monthly maintenance visits are limited to 24 months. Services are not covered for limited or interceptive treatment; primarily cosmetic services; or split phase treatment with the exception of cleft palate cases.
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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Oral surgery						
Simple extractions	X					
Surgical extractions	X					
Care of abscesses	X					
Cleft palate treatment	X				These services may also fall under medical services.	
Cancer treatment	X				These services may also fall under medical services.	
Treatment of fractures	X				These services may also fall under medical services where the treatment is due to an accident or injury to the mouth.	
Biopsies	X				These services may also fall under medical services.	
Treatment of jaw joint problems (TMJ)						
			X			



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Emergency room services provided by a dentist						
	X					d. Identify services: These services may also fall under medical services and be covered through the separate medical services contracts depending on the nature of the injury and services needed



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Inpatient Hospital Services						
	X					These services may also fall under medical services and be covered through the separate medical services contracts depending on the treatment needed and the nature of the injury
Anesthesia						
General anesthesia	X					
Intravenous conscious sedation	X					
Non-intravenous conscious sedation	X					
Analgesia (nitrous oxide)	X					





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\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).